



COMMONWEALTH of VIRGINIA

Department of Health

1701 HIGH STREET, SUITE 102
PORTSMOUTH, VA 23704

Demetria M. Lindsay, MD
Health Director

APPLICATION FOR CERTIFICATION OF A VITAL RECORD

Virginia statutes require a fee of **\$12.00** be charged for each certification of a vital record or for a search of the files when no certification is made. Please make check or money order payable to Portsmouth Health Department. There is a **\$25.00** service charge for returned checks.

Please complete the following information:

Name of Requester: _____ Daytime Telephone # (____) _____

Address: _____ City: _____ State: _____ Zip: _____

What is your relationship to the person named on the certificate? _____

I understand that making a false application for a Vital Record is a **FELONY** under state and federal law.

Signature of Applicant: _____ Date: _____

DEATH Certificate Request:

Number of copies: _____

Name of deceased: _____

Date of death: _____ Age at Death: __ Race: __ Sex: __

Place of death: _____ Name of Hospital: _____

(City/County in VA)